FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State
03-06-1999 90069 032 ***150.00

DOCUMENT # **P95000014518**

1. Corporation Name
SAFEGUARD SERVICES SOUTHEAST, INC.

Principal Place of Business	Mailing Address
~~RR 1 BOX 310~~ 452 Sugneglen Rd SKI VALLEY ACRES WAITSFIELD VT 05673	~~RR 1 BOX 310~~ 452 Sugneglen RD SKI VALLEY ACRES WAITSFIELD VT 05673

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 02/20/1995

4. FEI Number: 03-0346588 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, JAMES R	1.2 NAME	
STREET ADDRESS	RR 1 BOX 310 SKI VALLEY ACRES	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAITSFIELD VT 05673	1.4 CITY-ST-ZIP	
TITLE	DVS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, MARY L	2.2 NAME	
STREET ADDRESS	RR 1 BOX 310 SKI VALLEY ACRES	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAITSFIELD VT 05673	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRILL, DOROTHY ANN	3.2 NAME	
STREET ADDRESS	48 TIMBER MILL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	STANFORD CT 06903	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROFFEL, M. CAMERON	4.2 NAME	
STREET ADDRESS	CANTERBURY SCHOOL, 167 ASPATUCK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW MILFNO CT 06776	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COACH, ELIZABETH V.	5.2 NAME	
STREET ADDRESS	63 WESTCOTT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, JAMES P. 22 Upham St.	6.2 NAME	
STREET ADDRESS	~~BLUE GOOSE CONDOM, UNIT B 291 2ND AVE.~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~KETCHUM ID 83340~~ West Newton, MA. 02465	6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R Briggs JAMES R. BRIGGS President 2/24/1999 802-496-2094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #